								SERIAL NO.				FILING DATE		
MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								APPLICANT(S)						
		(FOR US	SE WITH	FORM P	TO-875)			<u> </u>						
	AS ELLED AFTER AFTER						CLAIN	NS.	1					
<u> </u>	AS FILED		1st AMENDMENT		2nd AMENDMENT			<u> </u>	*		<u> • </u>		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		↓ ,	 	ļ. <u></u> .				51			<u> </u>	ļ		
2		Ш.	<u> </u>	L			l	52			<u> </u>			
3		ļ. ,	ļ	<u> </u>	<u> </u>			53				·		
4	,		<u> </u>	ļ			l	54			<u> </u>			
5	L		<u> </u>					55						
6	<u> </u>		<u> </u>					56		l	l			l
7	<u> </u>	<u></u>						57						
8			1					58						
9	<u></u>							59				١ .		
10	<u></u>							60						
11								61						
12								62				·		
13								63			1			
14								64						-
15				· · · · · ·	_			65						
16								66						
17								67			-			
18		-						68			t			
19								69						
20								70			†			
21								71						
22							l	72				-		
23							- 1	73			 			
24							İ	74	- +					
25							ŀ	75						
26						+	ł							
27							ŀ	76						
28							ŀ	77						
29							ł	78						
30							ł	79						
31	1						}	80						
32							ł	81						
33								82						
34							ŀ	83						
							-	84						
35 36	 			∤			ŀ	85			-			
	 						ļ	86						
37	 						ļ	87						
38			I				1	88						
39							- 1	89						
40	 						ļ	90						
41			<u> </u>				1	91						
42			ļ					92						
43	 						L	93						
44								94						
45								95]
46							L	96						
47								97						
48	lacksquare			I				98						
49				I				99						
50				I]		100						
TOTAL IND.	2			. 1			ſ	TOTAL		•				
TOTAL	7	ا ل		الحب		ا فہ	t	TOTAL	ــــا	الب		الب		الب
DEP.	H				- ,			DEP.				,		
CLAIMS				*	i		- 1	TOTAL						.]